



THE

MASTERPLAN

FOR

CHURCH HEALTH SERVICES, INC.

The Executive Summary

August 2004

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INTRODUCTION

Church Health Services, Inc. is a very unique organization that has taken on some very significant challenges facing each and every person living in our communities today. Some of these challenges include providing health care to the poor and uninsured, re-involving the church in day-to-day health care, and changing the way people think about health and illness. Since its beginning in 1993, CHS has achieved many successes despite operating with relatively limited resources. Such successes send a strong message about the value of the vision and the commitment of those involved. If CHS is to fulfill its vision however it needs a comprehensive, well thought out plan for all to participate in. This Executive Summary of the Masterplan for Church Health Services as approved by our board of directors is such a plan. This plan not only reflects the realities of our organization as it currently exists but offers a way to become the organization we seek to be.

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ACKNOWLEDGEMENTS

Thanks is extended to Ron Lively of Medical Mobilizers for introducing us to the Masterplanning process as created by Bobb Biehl of Masterplanning Group International. It was the Masterplanning process that provided the basic structure for our long-range planning retreat held at the home of Glenn and Sue Williams in Cambria, Wisconsin, on April 24, 2004. CHS is indebted to each person who attended the retreat, the retreat planning committee, our board of directors, and to each person or organization that has helped along the way. A thank you is also extended to the following that provided financial and in-kind support for the retreat: Heritage Builders, Water Technologies, Kirsh Foundry, Sue and Glenn Williams, Beaver Dam Community Hospital, and Pfizer.

Church Health Services Masterplanning Process

Resource Book: "Masterplanning: The Complete Guide for Building a Strategic Plan for Your Business, Church, or Organization" by Bobb Biehl

Process Step	Questions to Answer / Tips	Tools
D = Direction	What should we do next? What are the priorities?	Masterplanning Arrow
	Masterplanning Arrow 1. Needs – what are you deeply concerned about / what is really important to you? 2. Purpose – why do we exist? 3. Objectives – what 3-7 areas will we continue to be involved in the future? 4. Milestones – what have we already accomplished? 5. Ideas – What ideas should we consider turning into goals in the future? 6. Roadblocks – What keeps us from reaching our full potential? 7. Resources – What are our greatest resources? 8. Quarterly Goals – What do we need to do in the next 90 days? 9. Short Range Goals – What are the goals for the next 0-2 years? 10. Mid Range Goals – What are the goals for the next 2-5 years? 11. Long Range Goals – What are the goals for the next 5-20 years?	
O = Organization	Who's responsible for what?	<ul style="list-style-type: none"> • Organizational Chart • Job Descriptions
C = Cash	What are the projected income, expenses, net? Generate income, control expenses, manage money, and purchase wisely.	Financial Report
T = Tracking	Are we on target? What <i>decisions</i> do you need? What <i>problems</i> are keeping you from reaching goals? What <i>plans</i> are being made that need discussing? What <i>progress</i> is being made? What is your <i>personal happiness</i> ? How can I be <i>praying</i> for you?	Staff Reports
O = Overall Evaluation	Are we achieving the quality we expect? Are we making a real difference?	<ul style="list-style-type: none"> • Annual Staff Evaluation • Annual Program Evaluation • Organizational Evaluation
R = Refinement	How can we be more effective and more efficient? What needs to be changed? Are we doing the right things and are we doing them right?	<ul style="list-style-type: none"> • Process Chart • Flow Chart
Motivation	How do I keep myself and the team focused and motivated?	<ul style="list-style-type: none"> • Communication • Schedule Planning Time • Annual Tracking Checklist

MASTERPLANNING ARROW FOR CHURCH HEALTH SERVICES, INC.

1. Needs

A. Access to care

Many people in our area community have limited access to health care due to low income and lack of public or private health insurance.

B. Congregational Health Care

Churches are called to health ministry and are often unaware of the major health impact they could have upon their parishioners and their communities.

C. Community-Wide Health Awareness

People in general do not fully understand the real determinants of health and illness.

D. Organizational Longevity

Church Health Services is an important health care organization and must have a long term presence if healthy communities are ever to become a reality.

2. Purpose

Enacting God's Plan for Health
By Building Hope and Wholeness
With People
In Our Clinics, Congregations and Communities

3. Objectives

- A. Establish an outpatient **clinic** system to care for people who are poor and without public or private health insurance.
- B. Develop relationships with local **congregations** for the purpose of advancing effective health ministries.
- C. Bring the message of whole person health, wellness and personal responsibility to people in our **communities**.
- D. Facilitate a **long-term organizational presence** by planning for leadership succession and financial strength.

3A Objective: Establish an outpatient clinic system to care for people who are poor and without public or private health insurance.

4. Milestones

- a. Host 8 clinics per month providing over 500 office visits per year
- b. Assembled a dedicated paid and volunteer staff
- c. Continuity of nursing presence through the Clinic and Parish Nurse Program
- d. Developed a unique method of faith-based primary care
- e. Receive excellent feedback from patients
- f. Established credibility in the minds of people in our area communities.

5. Ideas

- a. Utilize our patients to share their story with the public. (quarterly)
- b. Explore nurse led clinic models.
- c. Expand clinic services in terms of hours, number of clinics and locations.
- d. Pursue other partnering hospitals & expand into other communities.
- e. Have a computer and printer in every exam room and the waiting room.
- f. Establish mechanism to connect our patients with area churches.
- g. Establish a sliding scale office visit donation and community service options for patients.
- h. Establish teaching sessions on the content of the PHP & other health topics.
- i. Create a mentorship program for patients.
- j. Conduct a faith-based research project.
- k. Explore the role of the CAP Nurse in the clinic.

6. Roadblocks

- a. Current finances are growth limiting.
- b. Many people lack a full understanding of the Biblical perspective on health and the priority of caring for the poor.
- c. Many of our volunteers and staff have limited available time and multiple priorities.

7. Resources

- a. Current fundraising activities
- b. Christian health professionals
- c. Beaver Dam Community Hospital, medical staff and community health professionals.

8. Quarterly Goals: next 90 days

- a. Write up a plan to improve patient access to medications
- b. List what needs to be done to “complete” the Personal Health Plan (PHP) Project
- c. Compose a description for a volunteer coordinator

9. Short-Term Goals: next 0-2 years

- a. Establish a leadership training program for nursing
- b. Complete the PHP Project.
- c. Conduct a feasibility study on CHS adopting a clinic model not of the “free-clinic” type.

10. Mid-Range Goals: next 2-5 years

- a. Establish 1 or 2 satellite clinics outside the city of Beaver Dam
- b. All clinics and all patients (new and established) use the PHP method of care.
- c. Design/implement at least one team building activity per year for each clinic team.

11. Long-Range Goals: next 5-20 years

- a. Advance our clinic system to be able to care for all the uninsured and poor in our service area.
- b. Offer training in our faith-based method of care to health professionals outside our service area.
- c. Implement a computer based/electronic medical record system.

3B Objective: Develop relationships with local congregations for the purpose of advancing effective health ministries.

4. Milestones

- a. Facilitated the training of nine parish nurse
- b. Received the Agnesian grant from the Sisters of St. Agnes to develop the Clinic and Parish (CAP) Nursing Project
- c. Placed parish nurses in 4 area congregations
- d. The CAP Nursing Project recognized by the Christian Community Health Fellowship of Chicago as a Best Practice.

5. Ideas

- a. Recruit a community-oriented physician for the Congregational Health Ministry Team
- b. Develop health teams / committees in area congregations
- c. Compose a drama as one of the presentation types for the role of the church in health.
- d. One area parish nurse will be in a leadership position of a parish nurse organization
- e. Complete the Parish Nursing tab on the CHS web-site.
- f. Select one parish nurse to become a member of a professional parish nurse organization.

6. Roadblocks

- a. The CAP Nursing Project has been a challenge to manage due to the initial rapid growth of the project and other organizational priorities within CHS.
- b. There is a general lack of awareness of the church being a source of health care services.
- c. Many churches have very limited budgets with which to fund health programs.

7. Resources

- a. Professional parish nurse organizations
- b. Churches, area ministerium and regional denominational judiciaries
- c. Beaver Dam Community Hospital
- d. Clergy who volunteer at CHS clinics
- e. Area health care providers, agencies and institutions

8. Quarterly Goals: next 90 days

- a. Review the purpose and membership for the Congregational Health Ministry Team (CHMT)
- b. Create a volunteer position description for membership on the CHMT.
- c. Complete the recruitment for membership on the CHMT.

9. Short-Term Goals: next 0-2 years

- a. Congregational Health Ministry Team becomes fully reestablished and meets quarterly.
- b. Conduct a comprehensive review of the Clinic and Parish Nurse Program
- c. Create a variety of presentations on the role of the church in health care.

10. Mid-Range Goals: next 2-5 years

- a. Recruit and facilitate the training of 6 additional parish nurses
- b. Establish parish nurse programs in 3-5 additional congregations in which one of the nurses serves 2 or 3 smaller congregations.
- c. Initiate or advance non-parish nurse health programs in 3-5 area congregations.

11. Long-Range Goals: next 5-20 years

- a. 50% (45) of our congregations will have a health ministry program associated with Church Health Services
- b. Have 15-30 trained parish nurses actively working in a health ministry role in our community.
- c. Adapt the Personal Health Plan Project for use by parishioners of the local congregation.

#3C Objective: Bring the message of whole person health, wellness and personal responsibility to people in our area communities.

4. Milestones

- a. Created “My Building Blocks for Health” which is a simple and attractive poster (and bookmark) highlighting the key elements on our message on health.
- b. “My Building Blocks for Health” was described by Jerry Stromberg, the executive director of the Christian Community Health Fellowship, as a poster for every doctor’s exam room in the U.S.
- c. Started a biblically based health resource center / library on site.
- d. Started website – www.churchclinic.org

5. Ideas

- a. Bring the promotion of our health message under the guidance of our public relations team.
- b. Always couple our health message with fundraising activities.
- c. Edit the text of the third building block of our health message to read, “I Have a Responsibility for My Health and the Health of My Neighbor”.
- d. Utilize patients to tell their health story which highlights a particular part of our health message.
- e. Provide the content for a 30 or 60 second PSA highlighting our message on health.
- f. Create brief health information bullets on our message to email to corporations, churches, and others.
- g. Form a closer relationship with Dodge-Jefferson Healthier Community Partnership.

6. Roadblocks

- a. Adopting and promoting our health message requires a paradigm shift in thought on health.
- b. Many health professionals underestimate how important each person’s health beliefs are to the state of that person’s personal health.
- c. Many health professionals believe people are reluctant to hear a health message with God in it.

7. Resources

- a. Area health professionals who have an audience of patients.
- b. Congregations.
- c. Businesses and corporations.

8. Quarterly Goals: next 90 days

- a. Create a position description for the coordinator of health message promotion.
- b. Recruit a volunteer to fill the position of coordinator of health message promotion
- c. Make “final” revisions of the article that explains our message on health – “Building a Foundation for Health” and load it on our web-site for viewing and downloading.

9. Short-Range Goals: next 0-2 years

- a. Initiate a campaign for area physicians to display our poster/pamphlets on our health message.
- b. Initiate a campaign for area churches to display our poster/pamphlets on our health message.
- c. Complete and maintain website

10. Mid-Range Goals: next 2-5 years

- a. Hire a person to be primarily responsible for promoting our community-wide health message.
- b. Make 12 presentations on the message (4 churches, 4 businesses & 4 service organizations)
- c. Have a regular newspaper column highlighting our message on health.

11. Long Range Goals / Problems: next 5-20 years

- a. Adapt the Personal Health Plan Project for use in the office of the private physician.
- b. Refine our health message for youth.
- c. Nationally syndicated radio segment (1 to 3 minutes long) highlighting our message.

3D Objective: Facilitate a long-term organizational presence by planning for leadership succession and financial strength.

4. Milestones

- a. Employ 10 well qualified staff (3.2 FTE)
- b. Many committed volunteers and board members to support the work of the paid staff
- c. Basic fundraising structures in place.
- d. 10 years of strong and credible service.

5. Ideas

- a. Split the executive director and director of congregational health so they are filled by two people.
- b. Create a volunteer coordinator position and combine with the executive director position.
- c. Create a volunteer position description for the medical director to also include the establishment of 4 medical advisor positions in the areas of medical student education, intra-clinic care, congregational health, and clinician relationships.
- d. Offer a retirement plan for full-time employees.
- e. Seek advice on director positions from CEOs of area and regional businesses, schools, churches and non-profit organizations.
- f. Conduct small group sessions on The Purpose Driven Life
- g. Establish a support system to help staff deal with the unique strains of a ministry-type career.

6. Roadblocks

- a. The current financial status of the organization limits the compensation package for directors and other employees.
- b. Lack of a support system to help people with some of the unique strains of a ministry-type career.
- c. Limited number of people who are trained in the faith and health field.

7. Resources

- a. Current fundraising activities
- b. Holy Spirit
- c. Committed board members, volunteers, and staff.

8. Quarterly Goals: next 90 days

- a. Complete a listing of employment resources specific to executives and directors.
- b. Interview current directors for their input on succession planning.
- c. Review and revise, if needed, the directors position descriptions.

9. Short-Range Goals: next 0-2 years

- a. Write a proposal to establish a local chapter of the Christian Medical & Dental Associations.

- b. Develop a speaker's bureau of 5-10 people
- c. Establish an endowment fund.

10. Mid-Range Goals: next 2-5 years

- a. Increase time commitment of executive director position.
- b. 2-4 people per year attend the annual meeting of the Christian Community Health Fellowship with half of those attending being new attendees.

11. Long Range Goals: next 5-20 years

- a. Endowment fund to reach a value of \$2,000,000.
- b. Most current directors succeeded by well-trained and committed professionals.
- c. All full-time employees receive a compensation package reflective of a ministry wage as well as key employment benefits such as health insurance and retirement.